

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029

SUBJECT: RCRA Referral Documents for RCRA "C" Enforcement
Combined Systems, Inc.
Jamestown, PA

April 29, 2008

FROM: Jeanna R. Henry *[Signature]*
RCRA Compliance and Enforcement Branch (3WC31)
Waste and Chemicals Management Division

TO: Mary Coe, Chief
Waste and Chemical Law Branch (3RC30)
Office of Regional Counsel

THRU: Carol Amend, Chief
RCRA Compliance and Enforcement Branch (3WC31)
Waste and Chemicals Management Division

The RCRA Enforcement and Compliance Branch (RCEB) is hereby referring Combined Systems, Inc., located in Jamestown, PA, to the Office of Regional Counsel for formal enforcement. This referral is based on RCRA Subtitle C generator violations discovered at Combined Systems, Inc. during a June 26, 2007 Compliance Evaluation Inspection.

In support of this referral, I, as the RCEB case officer responsible for this case, have prepared the attached "violation sheets" summarizing the salient infractions being alleged. In addition, the following checked documents are attached or have already been provided to the ORC attorney, John Ruggero, assigned to this case:

- ☒ Violation Summary Sheets
- ☒ Inspection Report(s)
- ☒ Photographs
- ☐ Sampling Results
- ☒ Information Request(s) & Response(s)
- ☐ Tier Screening Form
- ☐ State Records
- ☐ Enforcement Actions (current NOVs & all prior actions)
- ☐ Correspondence
- ☒ State Notification
- ☒ Dun & Bradstreet Reports
- ☒ Other: Penalty Calculation Sheets

EPA is required to notify the State of any enforcement response the Agency intends to take. Accordingly, RCEB provided notification to Pennsylvania's Department of Environmental Protection (PADEP) on April 28, 2008 of our intention to take an enforcement action in this matter.

Please feel free to contact me at (215) 814-2820 should you have any questions or wish to discuss this case further.

Attachments

RCRAINFO CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		PAR000039875					
Handler Name		Combined Systems, Inc.					
Street		388 Kinsman Road					
City	State	Zip Code					
Gamestown	PA	16134					
*EVALUATION		<input checked="" type="checkbox"/> Add		<input type="checkbox"/> Update			
		<input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).			
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization		
	CEI	06/26/2007	E	JRH	Wm		
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNN, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNN evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			Reclassified SV Date: Only applicable for SNN evaluation type as appropriate.				
06/26/2007							
Notes:							
Evaluation Indicator Field (Check all that apply) <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI) <i>Regulation-Specific FCI</i> BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ <i>Routine/Standardized FCI</i> CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
Does this Evaluation Add/Delete/Update a Violation?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.			
Does this Evaluation have Undetermined Violations?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Does this Evaluation link to a Commitment?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.			
Does this Evaluation link to a 3007 Request?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.			
Was this Evaluation completed at a Federal Facility? (RCRA Section 6002)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, the Federal Facility Section (on reverse side of this form) must be completed. Only applicable to EPA Owned Inspections (Responsible Agency = E) at Federal Facilities					
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If Yes, fill in information below.							
Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)	Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)

*Required Fields

EPA ID Number	Handler Name
PAR000039875	

VIOLATIONS SECTION

(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	Link to Above Evaluation
				<input checked="" type="checkbox"/>

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	E	06/26/2007	A RTC Qualifier is required if entering an Actual RTC Date.	
Notes: failure to mark containers of HW w/ an accum. start date					

LINK CITATIONS TO ABOVE VIOLATION?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If Yes, fill in information below
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Citation Type	Citation	Citation Type	Citation
FR	40 CFR 262.34(a)(2)		

VIOLATION	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	Link to Above Evaluation
				<input checked="" type="checkbox"/>

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	E	06/26/2007	A RTC Qualifier is required if entering an Actual RTC Date.	
Notes: failure to properly label satellite accum. containers					

LINK CITATIONS TO ABOVE VIOLATION?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If Yes, fill in information below
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Citation Type	Citation	Citation Type	Citation
FR	40 CFR 262.34(c)(1)(ii)		

VIOLATION	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	Link to Above Evaluation
				<input checked="" type="checkbox"/>

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.A	E	06/26/2007	A RTC Qualifier is required if entering an Actual RTC Date.	
Notes: failure to make a waste determination for used aerosol cans + waste lamps					

LINK CITATIONS TO ABOVE VIOLATION?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If Yes, fill in information below
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Citation Type	Citation	Citation Type	Citation
FR	40 CFR 262.11		

FEDERAL FACILITY SECTION (Fill out if EPA Owned Inspection at Federal Facility)

YES <input type="checkbox"/>	NO <input type="checkbox"/>	RCRA 6002 inspection performed?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Site given RCRA 6002 questionnaire?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Inspector questionnaire completed and mailed?

*Required Fields

RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM

(Attach to RCRAinfo CM&E Evaluation - Violation Form, if appropriate)

EPA ID Number		Handler Name			
PAR000039875		Combined Systems, Inc.			
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	264.I	E	06/26/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
Notes: Accumulating Hw w/out secondary containment					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type	
SR		Pa Code 253 265a.179			
FR		40 CFR 264.175			
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.I	E	06/26/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
Notes: open containers of Hw					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type	
FR		40 CFR 265.173(a)			
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.I	E	06/26/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
Notes: failure to inspect Hw accumulation areas weekly					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type	
FR		40 CFR 265.174			

RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM

(Attach to RCRAInfo CM&E Evaluation – Violation Form, if appropriate)

EPA ID Number		Handler Name			
PAR000039875					
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.B	E	06/26/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
Notes: Failure to provide initial + annual NW training					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type	Citation		Citation Type	Citation	
FR	40 CFR 265.16				
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.D	E	06/26/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
Notes: Contingency Plan did not include NW Accum. Areas					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type	Citation		Citation Type	Citation	
FR	40 CFR 265.51(a)				
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.D	E	06/26/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
Notes: submitted 2005 Biennial Report 3 months late					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type	Citation		Citation Type	Citation	
FR	40 CFR 262.41(a)				

EPA.

SEP 15 2006

March 2006

RCRAInfo CM&E EVALUATION - VIOLATION FORM

*EPA ID Number	PAR 0000 39875		EIN	
Handler Name	COMBINED TACTICAL SYSTEMS			
Street	388 KINSMAN RD			
City	JAMESTOWN	State	PA	Zip Code 16134
Actual Generator Status <i>Check only if different from Notified Status.</i>		LQG <input type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>
Universe Change Required? <i>(Generator Status Change Required)</i>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).		
RCRA Non-Notifier?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).		
Other Facility Information Changes?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).		
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <i>You must provide an Evaluation Identifier (also known as the Sequence Number).</i>		

*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
001	CEI	6-22-2006	S	JAG	WM

Day Zero (mm/dd/yyyy):
 You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNN, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNN evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.

6/22/06

Reclassified SV Date:
 Only applicable for SNN evaluation type as appropriate.

Notes:

LABELING VIOLATIONS

Evaluation Indicator Field (Check all that apply)

☒ Citizen Complaint ☐ Multimedia Inspection ☐ Sampling ☐ Not Subtitle C

Focused Coverage Areas (Use Only for Evaluation Type FCI)

Regulation-Specific FCI

BIF ☐ CCI ☐ CFI ☐ INC ☐ LDR ☒ PTB ☐ PTX ☐
 THI ☐ UIC ☐ UOI ☐ UWR ☐ OTHER (specify): _____

Routine/Standardized FCI

CAR ☐ CPC ☒ DOS ☐ EMR ☐ IEI ☐ ISI ☐ RTI ☐

Does this Evaluation Add/Update/Delete a Violation?	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in the Violations Section(s) on page 2 of this form.
Does this Evaluation link to a Commitment?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
Does this Evaluation link to a 3007 Request?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

RECEIVED

*Required Fields

JUN 28 2006

ENVIRONMENTAL PROTECTION
NORTHWEST REGIONAL OFFICE

mc

EPA ID Number				Handler Name			
PAR 000039875				COMBINED TACTICAL SYSTEMS			
VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
	262.A <i>262.C</i>	S	6-22-2006	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes: LABELING VIOLATIONS							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
FR		262.34(a)(3)					
SR		262a.10					
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
				<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes:							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
HANDLER SECTION (Fill out if RCRA Non-Notifier)							
Handler Name		Contact					
Street							
City		State		Zip Code			
County							
UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)							
i. Indicate the Facility's current Universe(s):							
ii. Indicate the new RCRAInfo Generator Universe: <small>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</small>				LQG <input type="checkbox"/> Non-Handler <input type="checkbox"/>		SQG <input type="checkbox"/> Closed <input type="checkbox"/>	
				CEG <input type="checkbox"/>			
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)			Transporter <input type="checkbox"/> <small>If the transporter box is checked, you must check at least one mode of transportation below:</small>		Non-Transporter <input type="checkbox"/> <small>Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.</small>		
			<input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway				

*Required Fields

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR☐ S Q GENERATORCompany name COMBINED TACTICAL SYSTEMSEPA I.D. Number PA000039875 Employer I.D. Number (EIN) _____Site Address 388 KINSMAN RD JAMESTOWN PACounty MERCER Municipality GREENE TWP Zip 16134Name of Inspector JOE GALUS 6-22-2006Name & Title of Responsible Official JOE SCHRENGOST - PLANT MGRPerson Interviewed JOE SCHRENGOST Telephone (724) 932-2177Mailing Address (if different from above) SAME AS ABOVEAmount of Hazardous Waste Generated per Month: 72200 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☒ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☒ Small Quantity HandlerUniversal Waste Types FLUORESCENT LIGHT BULBS

3. Hazardous Waste Transporters:

Transporter Name TRIAD TRANSPORTATION License Number PA-AH 0377

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D001	PLANT PROCESS	TERIS-EL DORADO
D002	WASTES	309 AMERICAN DRIVE
		EL DORADO, ARK

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 8-22-2006 Identification Number FAR 000039875Company/Facility/Site Name COMBINED TACTICAL SYSTEMS (CTS)

CTS continues to generate over 2200 pounds of hazardous waste each month. Waste are manifested off site to Terra, P. Dorado Arkansas. Manifests are kept on file for the last 5 years and used when.

CTS also continues to use satellite storage areas for accumulation of hazardous waste in the various buildings throughout the site. Three small red drums were seen outside the one building. These had liners and were used for accumulating the waste masks, rags, gloves etc used in the process that become contaminated with hazardous waste. These did not have hazardous waste labels. Labels should be applied to drums used in satellite areas and the accumulation date put on once the drum is full. Two 55-gallon drums of hazardous waste were also seen outside the one building. These were full but did not have labels. Only one drum may be used per storage area (satellite).

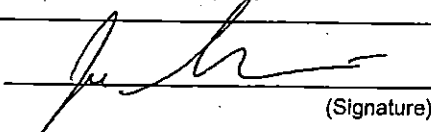
The containment building for hazardous wastes continues to be used at the back of the site. Both (3) and one 55-gallon drum of hazardous waste was seen. There were some empty containers seen with hazardous waste labels. The A4 magazine is still used for hazardous waste storage during inclement weather. At present a ditch and gate is being installed to prevent access to the back of the site where testing is done.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

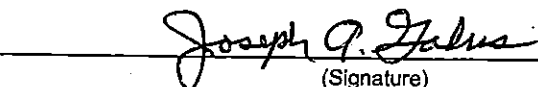
This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed


(Signature)Date 6/22/06

Inspector


(Signature)Date 8-22-2006

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 6-22-2006 Identification Number PAR000039875Company/Facility/Site Name COMBINED TACTICAL SYSTEMS

AEGIS continues to do the training for employees. 15 employees are trained in handling the hazardous waste. Training is done annually. We last done 4-25-2006. The most recent Biennial Report (due March 1, 2006) could not be found. A copy can be sent to the New Castle office.

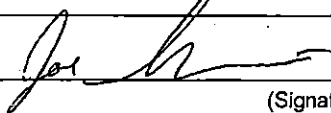
CTS should place waste fluorescent bulbs that are universal waste into some type of box for waste storage.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed



(Signature)

Date

6/22/06

Inspector



(Signature)

Date

6-22-2006

EPA

SEP 15 2006

March 2006

RCRAInfo CM&E EVALUATION - VIOLATION FORM

*EPA ID Number	PAR 0000 39875		EIN		
Handler Name	COMBINED TACTICAL SYSTEMS				
Street	388 KINSMAN RD				
City	JAMESTOWN	State	PA	Zip Code	16134
Actual Generator Status		LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>			
Check only if different from Notified Status.					
Universe Change Required? (Generator Status Change Required)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).			
RCRA Non-Notifier?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
Other Facility Information Changes?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).	

*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
001	CPI	6-27-2006	S	JAG	WM
Day Zero (mm/dd/yyyy):			Reclassified SV Date:		
You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			Only applicable for SNY evaluation type as appropriate.		

Notes:

NO BIENNIAL REPORT

Evaluation Indicator Field (Check all that apply)			
<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Multimedia Inspection	<input type="checkbox"/> Sampling	<input type="checkbox"/> Not Subtitle C
Focused Coverage Areas (Use Only for Evaluation Type FCI)			
Regulation-Specific FCI			
BIF <input type="checkbox"/>	CCI <input type="checkbox"/>	CFI <input type="checkbox"/>	INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/>
THI <input type="checkbox"/>	UIC <input type="checkbox"/>	UOI <input type="checkbox"/>	UWR <input type="checkbox"/> OTHER (specify):
Routine/Standardized FCI			
CAR <input type="checkbox"/>	CPC <input type="checkbox"/>	DOS <input type="checkbox"/>	EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>

Does this Evaluation Add/Update/Delete a Violation?	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in the Violations Section(s) on page 2 of this form.
Does this Evaluation link to a Commitment?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
Does this Evaluation link to a 3007 Request?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If Yes, fill in information below.

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

RECEIVED

*Required Fields

JUL 05 2006

ENVIRONMENTAL PROTECTION
NORTHWEST REGIONAL OFFICE

IRC

EPA ID Number				Handler Name			
PAR 000039875				COMBINED TACTICAL SYSTEMS			
VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
N/A	262.A	S	8-22-2006	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		8-27-2006	
Notes:							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
FR		262.34 (3)					
SR		262.10					
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
14	262.A	S	8-27-2006	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes:							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
FR		262.41 (a)					
SR		262.41					
HANDLER SECTION (Fill out if RCRA Non-Notifier)							
Handler Name				Contact			
Street							
City		State		Zip Code			
County							
UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)							
i. Indicate the Facility's current Universe(s):							
ii. Indicate the new RCRAInfo Generator Universe: Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>			
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)				Transporter <input type="checkbox"/> If the transporter box is checked, you must check at least one mode of transportation below: <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway		Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.	

*Required Fields

HAZARDOUS
WASTE-LQGCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

GENERAL INSPECTION REPORT

Type of Inspection FOLLOW-UP	WM Identification Number PAR000039875	Entry Time/Date 10:00AM 6-27-2006	Exit Time/Date 11:15AM 6-27-2006
Facility/Incident Name and Location COMBINED TACTICAL SYSTEMS		Municipality GREENE TWP.	
S. OF RT. 58, W. OF JAMESTOWN		County MERCER	

Name, Address of Responsible Official JOE SCHRENCENGOST COMBINED TACTICAL SYSTEMS 388 KINSMAN RD. JAMESTOWN, PA. 16134	Title PLANT MANAGER	Telephone 724/932-2177	Interviewed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ALSO TALKED TO DAN LASHINSKY
--	-------------------------------	----------------------------------	--

REMARKS	<p><i>It has been determined that the 3 red containers used in the satellite area have been labeled as "hazardous waste". These containers have plastic liners which are pulled out when full, taken to the containment building and packaged in the cardboard boxes for shipment off site. The boxes are labeled with hazardous waste labels. The 3 red containers have lids. These are re-lined and re-used in satellite areas.</i></p> <p><i>There were no empty containers with hazardous waste labels seen in the containment building. The cans of paint material seen in front of the building was waste which was allowed to dry. This was later disposed of as a residual waste.</i></p>
VIOLATIONS	<p><i>It was also determined that the Biennial Report for hazardous waste was not submitted. This will be downloaded, pulled out and sent in and a copy will be sent to the DEP New Castle office.</i></p>

Sample Collected? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Sample Numbers NONE	Analyses NONE
--	-------------------------------	-------------------------

Inspector Name JOE GALUS	Inspector Signature <i>Joseph A. Galus</i>	Headquarters NEW CASTLE DISTRICT OFFICE	Date 6-27-2006
Person Interviewed Name DANIEL LASHINSKY	Signature of Person Interviewed <i>[Signature]</i>	Title DIRECTOR OF SAFETY	Telephone 724/656-3160
			Date 6-27-2006
			Telephone 724/932-2177

This document is official notification that a representative of the Department of Environmental Protection inspected the above mentioned facility. The findings of the inspection are shown above and on any attached pages. Violations discovered as a result of this inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses, review of pertinent documents and further investigation. Notification will be forthcoming if such violations are discovered.

AUG 18 2006

March 2006

RCRAInfo CM&E ENFORCEMENT FORM

*EPA ID Number PAR000039875		Handler Name Combined Tactical System					
*ENFORCEMENT <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						You must provide an Enforcement Identifier (also known as Seq. No.).	
*Identifier 001	*Enforcement Date (mm/dd/yyyy) 6/14/04	*Activity Location PA	*Agency S	*Type 120	Sub-organization WM	Responsible Person JAG	Attorney

Docket Number:

Enforcement Notes: Notice of violation

Is Enforcement Type 380 (Super CA/FO) and part of a Multi-site Consent Agreement/Final Order (CA/FO)?

Yes ☐ No ☒ If Yes, you must provide the CA/FO Sequence Number below. If you are the lead agency and want to add a Multi-site CAFO, please provide the CA/FO Respondent Name (required) and Notes (as necessary).

*CA/FO Sequence Number:

*Respondent Name:

Notes:

Was there an Appeal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in this Section		Disposition Status	
*Appeal Initiated Date (mm/dd/yyyy)	*Appeal Resolved Date (mm/dd/yyyy)	*Disposition Status Qualifier	*Disposition Status Date (mm/dd/yyyy)

Does this Enforcement Action Contain Corrective Action Requirements? ☐ Yes ☒ NoDo you want to link Media? ☐ Yes ☒ No If Yes, please fill in Multimedia Section below on page 1 of this form.Do you want to Add/Update/Delete a Technical Requirement Milestone? ☐ Yes ☒ No

If Yes, please fill in Technical Requirement Milestone Section on page 2 of this form.

*LINK VIOLATIONS TO THE ABOVE ENFORCEMENT ACTION? ☒ Yes ☒ No If Yes, please fill in the Section below.

Note: You can link RTC'd violations to an enforcement action.

*Seq. No.	*Agency	*Type	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)	Already RTC'd	Scheduled RTC Date (mm/dd/yyyy)	RTC Qualifier An RTC Qualifier is required if entering an Actual RTC Date	RTC Actual Date (mm/dd/yyyy)
12	S	262.A	FR262.34(b)	6/8/04	<input checked="" type="checkbox"/>		0	10/7/04
7	S	262.C	FR262.34(c)	6/8/04	<input checked="" type="checkbox"/>		0	11/10/04
11	S	262.C	FR262.34(a)(4)	6/8/04	<input checked="" type="checkbox"/>		0	10/7/04
5	S	262.A	FR262.34(a)	6/8/04	<input checked="" type="checkbox"/>		0	10/7/04
4	S	262.A	5262a.100	6/8/04	<input checked="" type="checkbox"/>		0	11/10/04
8	S	262.C	FR265.173(a)	6/8/04	<input checked="" type="checkbox"/>		0	11/10/04

Multimedia Section (Check all that apply)

<input type="checkbox"/> AIR	<input type="checkbox"/> CRE	<input type="checkbox"/> CRS	<input type="checkbox"/> EPC	<input type="checkbox"/> FIF
<input type="checkbox"/> MSW	<input type="checkbox"/> ORP	<input type="checkbox"/> PCB	<input type="checkbox"/> RCA	<input type="checkbox"/> SPC
<input type="checkbox"/> TSC	<input type="checkbox"/> UIC	<input type="checkbox"/> UST	<input type="checkbox"/> WAT	<input type="checkbox"/> WET

*Required Fields

ENF-
NOV

*EPA ID Number	Handler Name			
PENALTY SECTION				
PENALTY <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				Link to Above Enforcement <input type="checkbox"/>
*Penalty Type	*Penalty Amount	Penalty Notes		
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
PENALTY PAYMENT <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				
<i>Scheduled Date (mm/dd/yyyy)</i>	<i>Scheduled Amount</i>	<i>Paid Date (mm/dd/yyyy)</i>	<i>Paid Amount</i>	<i>Defaulted Date (mm/dd/yyyy)</i>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Notes: <input type="text"/>				
PENALTY PAYMENT <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				
<i>Scheduled Date (mm/dd/yyyy)</i>	<i>Scheduled Amount</i>	<i>Paid Date (mm/dd/yyyy)</i>	<i>Paid Amount</i>	<i>Defaulted Date (mm/dd/yyyy)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes: <input type="text"/>				
PENALTY <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				
Link to Above Enforcement <input type="checkbox"/>				
*Penalty Type	*Penalty Amount	Penalty Notes		
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
PENALTY PAYMENT <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				
<i>Scheduled Date (mm/dd/yyyy)</i>	<i>Scheduled Amount</i>	<i>Paid Date (mm/dd/yyyy)</i>	<i>Paid Amount</i>	<i>Defaulted Date (mm/dd/yyyy)</i>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Notes: <input type="text"/>				
PENALTY PAYMENT <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				
<i>Scheduled Date (mm/dd/yyyy)</i>	<i>Scheduled Amount</i>	<i>Paid Date (mm/dd/yyyy)</i>	<i>Paid Amount</i>	<i>Defaulted Date (mm/dd/yyyy)</i>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Notes: <input type="text"/>				
TECHNICAL REQUIREMENT MILESTONE SECTION				
<i>(Additional Technical Requirement Milestones can be added using the RCRAInfo CM&E Additional Technical Requirement Milestones Form)</i>				
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				Link to Above Enforcement <input type="checkbox"/>
Technical Requirement Number: <input type="text"/>				
Technical Requirement Description: <input type="text"/>				
<i>Scheduled Completion Date (mm/dd/yyyy)</i>	<i>Actual Completion Date (mm/dd/yyyy)</i>	<i>Defaulted Date (mm/dd/yyyy)</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Notes: <input type="text"/>				

*Required Fields

AUG 18 2006

March 2006

RCRAInfo CM&E ENFORCEMENT FORM

*EPA ID Number		Handler Name						
*ENFORCEMENT <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						You must provide an Enforcement Identifier (also known as Seq. No.).		
*Identifier	*Enforcement Date (mm/dd/yyyy)	*Activity Location	*Agency	*Type	Sub-organization	Responsible Person	Attorney	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Docket Number: _____								
Enforcement Notes: _____								
Is Enforcement Type 380 (Super CA/FO) and part of a Multi-site Consent Agreement/Final Order (CA/FO)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, you must provide the CA/FO Sequence Number below. If you are the lead agency and want to add a Multi-site CAFO, please provide the CA/FO Respondent Name (required) and Notes (as necessary).								
*CA/FO Sequence Number:		*Respondent Name:						
<input type="text"/>		<input type="text"/>						
Notes: _____								
Was there an Appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill in this Section				Disposition Status				
*Appeal Initiated Date (mm/dd/yyyy)		*Appeal Resolved Date (mm/dd/yyyy)		*Disposition Status Qualifier		*Disposition Status Date (mm/dd/yyyy)		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
Does this Enforcement Action Contain Corrective Action Requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Do you want to link Media? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in Multimedia Section below on page 1 of this form.								
Do you want to Add/Update/Delete a Technical Requirement Milestone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in Technical Requirement Milestone Section on page 2 of this form.								
*LINK VIOLATIONS TO THE ABOVE ENFORCEMENT ACTION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in the Section below. Note: You can link RTC'd violations to an enforcement action.								
*Seq. No.	*Agency	*Type	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)	Already RTC'd	Scheduled RTC Date (mm/dd/yyyy)	RTC Qualifier An RTC Qualifier is required if entering an Actual RTC Date	RTC Actual Date (mm/dd/yyyy)
2	S	262C	FR 262.34(a)(2)	6/18/04	<input checked="" type="checkbox"/>		0	10/17/04
1	S	262C	FR 262.34(a)(3)	6/18/04	<input checked="" type="checkbox"/>		0	11/10/04
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			

Multimedia Section (Check all that apply)									
<input type="checkbox"/> AIR	<input type="checkbox"/> CRE	<input type="checkbox"/> CRS	<input type="checkbox"/> EPC	<input type="checkbox"/> FIF					
<input type="checkbox"/> MSW	<input type="checkbox"/> ORP	<input type="checkbox"/> PCB	<input type="checkbox"/> RCA	<input type="checkbox"/> SPC					
<input type="checkbox"/> TSC	<input type="checkbox"/> UIC	<input type="checkbox"/> UST	<input type="checkbox"/> WAT	<input type="checkbox"/> WET					

*Required Fields

1614

*EPA ID Number	Handler Name

PENALTY SECTION

PENALTY ☐ Add ☐ Update ☐ Delete Link to Above Enforcement ☐

*Penalty Type *Penalty Amount Penalty Notes

<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---	---

PENALTY PAYMENT ☐ Add ☐ Update ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
	\$		\$	

Notes: _____

PENALTY PAYMENT ☐ Add ☐ Update ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)

Notes: _____

PENALTY ☐ Add ☐ Update ☐ Delete Link to Above Enforcement ☐

*Penalty Type *Penalty Amount Penalty Notes

<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---	---

PENALTY PAYMENT ☐ Add ☐ Update ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
	\$		\$	

Notes: _____

PENALTY PAYMENT ☐ Add ☐ Update ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
	\$		\$	

Notes: _____

TECHNICAL REQUIREMENT MILESTONE SECTION

(Additional Technical Requirement Milestones can be added using the RCRAInfo CM&E Additional Technical Requirement Milestones Form)

☐ Add ☐ Update ☐ Delete Link to Above Enforcement ☐

Technical Requirement Number:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Technical Requirement Description:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Scheduled Completion Date (mm/dd/yyyy)	Actual Completion Date (mm/dd/yyyy)	Defaulted Date (mm/dd/yyyy)	
Notes:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

*Required Fields



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

AUG 18 2006

1614

ENFORCEMENT FORM

Please attach to Evaluation - Violation Form

*EPA ID Number		Handler Name					
PAR000039875		COMBINED TACTICAL SYSTEMS					
*ENFORCEMENT Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/>							
Seq No.	*Date Determined (mm/dd/yyyy)	*Agency	*Type	Branch	*Responsible Person	Attorney Initials	
	6-14-2004	S	120	DEP-WM	JAP		
Docket Number: _____							
Enforcement Notes: <u>NOTICE OF VIOLATION</u>							
Multimedia Enforcement Actions (Check all that apply)							
<input type="checkbox"/> AIR <input type="checkbox"/> FIFRA <input type="checkbox"/> TSCA PCB <input type="checkbox"/> UIC <input type="checkbox"/> WETLANDS <input type="checkbox"/> EPCRA <input type="checkbox"/> SPCC <input type="checkbox"/> UST <input type="checkbox"/> WATER							
*VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION							
*Agency	*Area	Seq No	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)	Scheduled RTC Date (mm/dd/yyyy)	RTC Qualifier <small>An RTC Qualifier is required if entering a RTC Actual Date</small>	RTC Actual Date (mm/dd/yyyy)
S	GGR	12	262.34(b)	6-8-04		0	10-7-04
S	GPT	7	262.34(c)	6-8-04		0	10-7-04
S	GGR	11	262.34(a)(4)	6-8-04		0	10-7-04
S	GGR	5	262.34(a)	6-8-04		0	10-7-04
S	GGR	4	262a.100	6-8-04		0	10-7-04
S	GPT	8	265.173(a)	6-8-04		0	10-7-04
S	GPT	2	262.34(a)(2)	6-8-04		0	10-7-04
S	GPT	1	262.34(a)(3)	6-8-04		0	10-7-04



Pennsylvania Department of Environmental Protection

121 North Mill Street
New Castle, PA 16101

June 14, 2004

New Castle District Office

724-656-3160
Fax: 724-656-3267

NOTICE OF VIOLATION

CERTIFIED MAIL NO. 7003 2260 0006 9193 0488

RECEIVED

JUN 17 2004

**ENVIRONMENTAL PROTECTION
NORTHWEST REGIONAL OFFICE**

Mr. Joe Schrencengost, Plant Manager
Combined Tactical Systems
388 Kinsman Road
Jamestown, PA 16134

Re: Combined Tactical Systems
Greene Township, Mercer County
ID No. PAR000039875

Dear Mr. Schrencengost:

As a result of a June 8, 2004 inspection at the referenced facility, the Department of Environmental Protection (DEP) has determined that you are in violation of the Solid Waste Management Act, the Act of July 7, 1980, P.L. 380, No. 97, 35 P.S. Sections 6018.101 et seq., the Residual Waste Management Rules and Regulations found at 25 Pa. Code Chapters 287 to 299 and the Hazardous Waste Management Rules and Regulations found at 40 C.F.R. Parts 260 to 270 incorporated by reference at 25 Pa. Code Chapters 260a to 270a.

Hazardous Waste Violations:

1. Failed to have a Preparedness, Prevention, and Contingency Plan that meets the requirements of 25 Pa Code §265a.56 and Subparts C and D of 40 CFR Part 265 contrary to 25 Pa Code §262a.10 and 40 CFR §262.34(a)(4).
2. No documented personnel training for employees handling the hazardous wastes was conducted contrary to 25 Pa Code §262a.10 and 40 CFR §§262.34(a)(4) and 262.34(d).
3. Failed to complete written source reduction strategies for the hazardous waste contrary to 25 Pa Code §262a.100.
4. Drums storing hazardous waste in two satellite storage areas were not labeled, and not completely closed contrary to 25 Pa Code §262a.10 and 40 CFR §262.34(c).
5. Hazardous waste was observed spilled and leaking from drums at the back of the site contrary to 25 Pa Code §262a.1 and 40 CFR §265.173(a).
6. All of the containers and bags of hazardous wastes observed throughout the site were not properly labeled with the words "hazardous waste" and with the accumulation dates contrary to 25 Pa Code §262a.10 and 40 CFR 262.34(a)(2)(3).

June 14, 2004

7. Drums of hazardous waste observed were determined to be stored over the 90 day storage limit allowed for a large quantity generator of hazardous waste contrary to 25 Pa Code §262a.10 and 40 CFR 262.34(a)(1).
8. Drums hazardous waste were not stored within an area with a proper containment system contrary to 25 Pa Code §265a.179 and 40 CFR §264.175.
9. Failed to conduct a proper hazardous waste determination on the personal protective equipment waste stored in plastic bags contrary to 25 Pa Code §262a.10 and 40 CFR §262.11.

Residual Wastes:

10. Failed to complete a Chemical Analysis of Waste - Annual Certification (Form 26) for the the residual waste identified in the inspection report dated June 8, 2004 contrary to 25 Pa Code §287.54.
11. Failed to complete a Source Reduction Strategy (Form 25R) for the residual waste identified in the inspection report dated June 8, 2004 contrary to 25 Pa Code §287.53.
12. The above noted violations are also a violation of Section 610(4) the Solid Waste Management Act, 35 P.S. §6018.610(4).

You are notified of both the existence of the violation(s) as well as the need to provide for prompt correction. Failure to correct the violation(s) may result in legal proceedings under the provisions of the Solid Waste Management Act. Under the Act, each day of the violation is considered a distinct and separate offense and will be handled accordingly.

A meeting between the Department and Combined Tactical Systems is scheduled at 10:00 am, June 29, 2004 at the Northwest Regional Office in Meadville, Pennsylvania to discuss the above violations.

This Notice of Violation is neither an order nor any other final action of the Department of Environmental Protection. It neither imposes nor waives any enforcement action available to the Department under any of its statutes. If the Department determines that an enforcement action is appropriate, you will be notified of the action.

If you have any questions about this letter, please contact me at 724-656-3340.

Sincerely,

Joseph P. Galus
Joseph A. Galus
Solid Waste Specialist
Waste Management
CONF. Y/N MICROFICHE Y/N
Combined Tactical Systems

cc: County File
NWRO file through Brian Mummert

JAG:kmy

TYPE *Correspondence*
COUNTY *Murci* MUNICIPALITY _____
COMMENTS _____